

## NY STATE CLIENT SEMI-ANNUAL REPORT

CSR 49750

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS  
 before submitting or form will be returned.

## I Reporting Information

Year: 2012

Fill in circle if amendment ☐Report Period: ☐ January/June ☒ July/DecemberType of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

CL# 55240

Cjm

130911

ENT'D FEB 11 2013

RECEIVED JAN 15 2013

## II Client Information

Name: Energy Coalition New York

Permanent Business Address: c/o Central Hudson Gas &amp; Electric Corporation, 284 South Avenue

City: Poughkeepsie

State: NY

ZIP code: 12601

Business Phone: 845-486-5201

Fax Number: 845-486-5544

Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information &amp; Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Whiteman Osterman &amp; Hanna LLP

Phone Number: 518-487-7741

Address: One Commerce Plaza, 19th Floor

City: Albany

State: NY

ZIP code: 12260

Compensation for current period: \$87000 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$87000 .00

**IV Other Expenses (Current Semi-Annual Period Only)**

**A** Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00

**C Itemize each expense exceeding \$75:**

PAID TO: Whiteman Osterman & Hanna LLP DATE: 12 / 31 / 2012 ☐ Ad ☐ Social Event

PURPOSE: Reimbursed Expenses AMOUNT: \$ 1396 .00 ☐ \*Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$ .00 ☐ \*Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

\* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

**D Total expenses for current period:** \$ 1396 .00 (if applicable, include all expenses from attached pages in total)

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: Central Hudson Gas & Electric Corporation

or  
Single Source Person's Last Name: First Name:

Address: 284 South Avenue

City: Poughkeepsie State: NY ZIP code: 12601

Phone: 845-486-5201

Date Contribution Received: 07 / 16 / 2012 Amount of Contribution: \$ 3016 .00

Date Contribution Received: 08 / 06 / 2012 Amount of Contribution: \$ 3052 .00

Date Contribution Received: 08 / 27 / 2012 Amount of Contribution: \$ 2908 .00

Date Contribution Received: 09 / 28 / 2012 Amount of Contribution: \$ 2922 .00

Date Contribution Received: 10 / 29 / 2012 Amount of Contribution: \$ 2989 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

**Contribution(s) Single Source #2**

Single Source Entity's Name: Consolidated Edison Company of New York

or  
Single Source Person's Last Name: First Name:

Address: 4 Irving Place

City: New York State: NY ZIP code: 10004

Phone: 212-460-3882

Date Contribution Received: 07 / 20 / 2012 Amount of Contribution: \$ 3016 .00

Date Contribution Received: 08 / 16 / 2012 Amount of Contribution: \$ 3052 .00

Date Contribution Received: 09 / 04 / 2012 Amount of Contribution: \$ 2908 .00

Date Contribution Received: 10 / 01 / 2012 Amount of Contribution: \$ 2922 .00

Date Contribution Received: 10 / 23 / 2012 Amount of Contribution: \$ 2989 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source #3**

Single Source Entity's Name: National Fuel Gas Distribution Corporation

or  
Single Source Person's Last Name: First Name:

Address: 6363 Main Street

City: Williamsville

State: NY

ZIP code: 14221

Phone: 716-857-7872

Date Contribution Received: 07 / 02 / 2012 Amount of Contribution: \$3016 .00

Date Contribution Received: 08 / 06 / 2012 Amount of Contribution: \$3052 .00

Date Contribution Received: 08 / 30 / 2012 Amount of Contribution: \$2908 .00

Date Contribution Received: 10 / 01 / 2012 Amount of Contribution: \$2922 .00

Date Contribution Received: 10 / 29 / 2012 Amount of Contribution: \$2989 .00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 4**

Single Source Entity's Name: National Grid USA Service Company, Inc.

or  
Single Source Person's Last Name: First Name:

Address: 300 Erie Boulevard West

City: Syracuse

State: NY

ZIP code: 13202

Phone: 508-389-3057

Date Contribution Received: 07 / 03 / 2012 Amount of Contribution: \$ 3016 .00

Date Contribution Received: 08 / 06 / 2012 Amount of Contribution: \$ 3052 .00

Date Contribution Received: 09 / 05 / 2012 Amount of Contribution: \$ 2908 .00

Date Contribution Received: 10 / 09 / 2012 Amount of Contribution: \$ 2922 .00

Date Contribution Received: 10 / 26 / 2012 Amount of Contribution: \$ 2900 .00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source #5**

Single Source Entity's Name: New York State Electric & Gas Corporation

or  
Single Source Person's Last Name: First Name:

Address: 18 Link Drive, PO Box 5224

City: Binghamton

State: NY

ZIP code: 13902

Phone: 607-762-7310

Date Contribution Received: 07 / 30 / 2012 Amount of Contribution: \$1508 .00

Date Contribution Received: 09 / 04 / 2012 Amount of Contribution: \$1526 .00

Date Contribution Received: 10 / 01 / 2012 Amount of Contribution: \$1454 .00

Date Contribution Received: 10 / 31 / 2012 Amount of Contribution: \$1461 .00

Date Contribution Received: 11 / 26 / 2012 Amount of Contribution: \$1495 .00

Check here if using section V(C) of the Addendum for additional Contributions:



**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source #3**

Single Source Entity's Name:

or  
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 6**

Single Source Entity's Name: Rochester Gas &amp; Electric

or  
Single Source Person's Last Name: First Name:

Address: 18 Link Drive, PO Box 5224

City: Binghamton State: NY ZIP code: 13902

Phone: 607-762-7310

Date Contribution Received: 07 / 30 / 2012 Amount of Contribution: \$ 1508 .00

Date Contribution Received: 09 / 04 / 2012 Amount of Contribution: \$ 1526 .00

Date Contribution Received: 10 / 01 / 2012 Amount of Contribution: \$ 1454 .00

Date Contribution Received: 10 / 31 / 2012 Amount of Contribution: \$ 1461 .00

Date Contribution Received: 11 / 26 / 2012 Amount of Contribution: \$ 1495 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒**Contributions from Single Source # \_\_\_\_\_**

Single Source Entity's Name:

or  
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

## Contributions from Single Source #1\_\_\_\_\_

Or  
Single Source (or Related or Affiliated )Person's Last Name: First Name:

ZIP code: 12601

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

## Contributions from Single Source #2

or  
Single Source (or Related or Affiliated ) Person's Last Name: First Name:

ZIP code: 10004

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

## Contributions from Single Source #3

or  
Single Source (or Related or Affiliated ) Person's Last Name: First Name:

ZIP code: 14221

Date Contribution Received:            /            /            Amount of Contribution: \$            .00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

[illegible]

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

## Contributions from Single Source #6

Single Source (or Related or Affiliated ) Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ZIP code: 13902

Phone: 607-762-7310

[illegible]

**VI** Subjects lobbied:

Energy policy issues, Issues affecting investor-owned electric and natural gas utilities, Energy Highway Task Force BluePrint, Affidavit Ballots, Storm Response, Moreland Commission, Emergency Preparedness Commissions

☐ Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:

Assembly, Senate, Executive Chamber

☐ Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A34 A5522 A6114 A8082 A9422 A9560 A10620 S149 S3203 S3872 S4775 S6670 S6826 S7711

☐ Continued on attached pages

**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

None

☐ Continued on attached pages

**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

None

☐ Continued on attached pages

**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

None

☐ Continued on attached pages

**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE:

*Anthony Campagiorni*

DATE:

1/11/13

PRINT NAME: LAST Campagiorni

FIRST Anthony

TITLE: VP, Business Development & Government Affairs

Mark One:

☒

Chief Administrative Officer

☐

Designee(Attach Letter)

**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.